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## BIB DATA SHEET

CONFIRMATION NO. 2009

<b>SERIAL NUMBER</b> 10/761,064	<b>FILING or 371(c) DATE</b> 01/20/2004 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 33997.0095	
<b>APPLICANTS</b> Ulrich Sander, Rebstein, SWITZERLAND; ** <b>CONTINUING DATA</b> ***** NO AMH ** <b>FOREIGN APPLICATIONS</b> ***** YES AMH GERMANY 103 02 401.8 01/21/2003 ** <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/03/2004					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /ALICIA M HARRINGTON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> -28-9	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> HODGSON RUSS LLP THE GUARANTY BUILDING 140 PEARL STREET SUITE 100 BUFFALO, NY 14202-4040 UNITED STATES					
<b>TITLE</b> Surgical microscope					
<b>FILING FEE RECEIVED</b> 457	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		